

**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)  
5203-001REF

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,970,976, granted October 26, 1999, and for which a reissue patent is sought on the invention entitled APPARATUS AND METHOD FOR GENERATING PRESSURE CHANGES IN A MAMMALIAN ORAL/THROAT CAVITY,

the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_ / \_\_\_\_\_  
and was amended on \_\_\_\_\_.  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent. More particularly, I claimed less literally than I had a right to claim in the patent; namely, by limiting all of the claims of the patent to the recitation of elements unnecessary to define the invention in a literal reading of its broadest aspects (although not believed to be so limiting under the doctrine of equivalents and other legal principals) and primarily by reason of the specific wording of claims 1, 4, 11 and 12 so as to recite that the method and apparatus of the invention is directed to "inducing pressure changes in a mouth and throat cavity" (emphasis supplied).

☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 5203-001REF	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s) Gordon K. Harris, Jr.		Registration Number 28615	
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number		27572	
OR		Type Customer Number here	
<input checked="" type="checkbox"/> Firm or Individual Name		Gordon K. Harris, Jr.	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name) Hongwei Zhao			
Inventor's signature <i>Hongwei Zhao</i>			
Residence 977 Thompson Blvd., Windsor, Ontario N8S 2G7, CANADA		Date 17/10/2001	
Mailing Address Same as above.		Citizenship People's Republic of China	
Full name of second joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
Full name of third joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			

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